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Global Lawyers and Physicians
Working Together for Human Rights

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Dear Commissioner for Human Rights Mijatovic:

I am a physician and professor based in Boston, Massachusetts, who specializes in refugee health and torture documentation and treatment. I have attached both a CV and short bio for your reference.

I am writing to request that your office look into the case of Mr. Julian Assange, founder of WikiLeaks. I have evaluated Mr. Julian Assange on four occasions from October 2017 through February 2019, utilizing principles established in the Istanbul Protocol. The purpose of this letter is to provide you with a general summary of my professional findings and conclusions, while respecting Mr. Assange's privacy on specific details.

In a January 2018 article for the Guardian, my colleagues and I wrote about the unusual confinement of Mr. Julian Assange, founder of WikiLeaks, in the Ecuadorian embassy in London. After our medical evaluation, we concluded that Mr. Assange had been denied the fundamental right to health afforded to him as a refugee (a status determined by the sovereign state of Ecuador), and that this denial was physically and mentally dangerous to him. We concurred with the 2016 UN Human Rights Council Working Group on Arbitrary Detention (WGAD), who opined that Mr. Assange's situation within the embassy had become a "state of arbitrary deprivation of liberty". In addition, we agreed that "the embassy is not equipped for prolonged detention and lacks the necessary medical equipment or facilities to provide a reasonable environment for Mr. Assange." In that piece, we called on our medical colleagues in the UK, including the British Medical Association, to demand safe passage for Mr. Assange to receive medical care and to oppose openly the ongoing violation of his human right to health.

It is now over a year later, no remedy has been implemented, and Mr. Assange's suffering and health has predictably worsened. Mr. Assange has been confined for almost 7 years under intense personal surveillance, and where his movement is mostly limited to two small rooms without access to the outdoors or natural sunlight. I have evaluated Mr. Assange over time, most recently in February 2019. The conditions of his confinement have become observably worse since my initial visit. The hostile and intimidating environment in which he is confined is palpable, as I recently experienced firsthand. For example, my confidential medical notes were removed from our meeting room when I temporarily stepped out, and were later found in a space used by embassy surveillance staff (and had presumably been read). Mr. Assange's fundamental right to doctor-patient confidentiality was violated. This breach of privacy potentially places him at increased risk for harm if private medical information is used against him. The intensity of surveillance in the embassy has increased from previous visits. In fact, we spoke over the noise

of a radio to lessen the chance of “being overheard” by listening devices, and the entire medical visit was monitored by two cameras. Persistent and personal attacks on Mr. Assange’s dignity, and acts meant to degrade and humiliate him have also escalated, as he disclosed to me.

Repeated attacks on one’s personal dignity and humiliation are often used as a strategy with the intent to break a person’s humanity.

Mr. Assange’s multiple medical conditions have predictably become more complex and urgent. The highest priority is the critical need for an oral surgery procedure. The severe daily pain endured by Mr. Assange from this dental condition is inhumane, notwithstanding that the situation could be life threatening if left untreated. In addition to my own evaluation, I have consulted with a dentist who has examined Mr. Assange. The required procedure cannot be performed safely within the embassy due to the advanced stage and risk of complications. The solution to address this urgent medical issue is simple, but the UK government has repeatedly rejected requests to grant Mr. Assange humanitarian safe access to a nearby hospital to obtain the necessary treatment.

Mr. Assange’s situation differs from a typical prisoner in a conventional prison. In fact, his position is worse than a conventional prison in many respects. His confinement is indefinite and uncertain, which increases chronic stress and its myriad of chronic physical and serious psychological risks, including suicide. He has no ability to access necessary medical care, and he does not have access to the outdoors and sunlight. Even minimum standards for prisoners dictate at least one hour of sunlight daily and access to natural light. Mr. Assange has suffered a number of serious deleterious effects of sunlight deprivation over the nearly 7 years of confinement. Some of the risks include neuropsychological impairment, weakened bones, decreased immune function, and increased risk for cardiovascular disease and cancer, among others.

Mr. Assange has also suffered from prolonged social isolation and sensory deprivation, and their consequent negative psychological and physical effects. Since March 2018, a punitive form of isolation has been imposed on Mr. Assange that includes the denial of most visitors and the suspension of telephone calls and other forms of communication including internet. Although this ban has been slightly reduced, he is still gagged and isolated the overwhelming majority of the time.

It is my professional opinion that the synergistic and cumulative severity of the pain and suffering inflicted on Mr. Assange – both physical and psychological -- is in violation of the 1984 Convention Against Torture, Article 1 and Article 16. I believe the psychological, physical, and social sequelae will be long lasting and severe.

For the aforementioned reasons, I encourage your office to look into this case and explore avenues to resolve the current dilemma, which encompasses multiple human rights issues. In addition, I would be happy to provide detailed information in a secure and confidential setting.

Thank you very much for your attention.

Very Respectfully,

Sondra Crosby M.D.
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